

## MHSA Housing Certification Application

### Section 1. Referral Source

☐ MHSA Housing Program ☐ MHSA Housing Trust Fund ☐ Both

### FOR OFFICE USE ONLY

 Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Approved ☐ Denied Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Initials \_\_\_\_\_

Referring Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### Section 2. Applicant Information

Name \_\_\_\_\_ Phone Number/Message Number \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address (Address Where Mail Can Be Received) \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ IS Number \_\_\_\_\_

### Section 3. MHSA Eligibility Criteria (check all that apply)

- ☐ Adult or older adult with a severe and persistent mental illness (as defined in Welfare and Institutions Code 5600.3)  
☐ Child/adolescent with severe emotional disturbance (as defined in Welfare and Institutions Code 5600.3)  
☐ Individual has a co-occurring mental health and substance abuse disorder  
☐ Current mental health service provider: \_\_\_\_\_

### Section 4. Homeless or At Risk of Homelessness Status (check all that apply)

- Length of most recent episode of homelessness: \_\_\_\_\_  
☐ Living on the streets  
☐ Living in an emergency shelter or in transitional housing  
☐ Living in an institutional setting (e.g. jail, juvenile hall/camp, psychiatric hospital or IMD) and will be homeless upon release  
☐ Lacking a fixed, regular and adequate nighttime residence  
☐ Temporarily living in a residential care facility  
☐ Facing eviction & unable to identify a new residence  
☐ Living in an overcrowded setting in which they do not hold a lease  
☐ Living in substandard housing subject to an official notice to vacate  
☐ Paying more than 50% of income in housing costs  
☐ "Doubling up" or "couch surfing" due to economic hardship  
☐ Living in motels, hotels, trailer parks or camp grounds  
☐ Victim of domestic violence who is unable to obtain housing  
☐ Other (please explain): \_\_\_\_\_

### Section 5. Income

Sources (check all that apply):

- ☐ SSI ☐ VA ☐ Unemployment  
☐ SSDI ☐ Social Security ☐ None  
☐ SDI ☐ CalWORKS ☐ Other (list below): \_\_\_\_\_  
☐ GR ☐ Wages/salary \_\_\_\_\_

Benefit Establishment Status (if applicable):

 Type of benefit: \_\_\_\_\_  
 Date Application Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Pending \_\_\_\_\_ Denied \_\_\_\_\_ Appealed \_\_\_\_\_  
 Type of benefit: \_\_\_\_\_  
 Date Application Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Pending \_\_\_\_\_ Denied \_\_\_\_\_ Appealed \_\_\_\_\_

### Section 6. Desired Location

Address of Unit Requested (if known):

Street Address \_\_\_\_\_ Unit/Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Requested Service Area(s):

☐ SA 1: Antelope Valley ☐ SA 2: San Fernando/Santa Clarita Valleys ☐ SA 3: San Gabriel Valley ☐ SA 4: Metro ☐ SA 5: West ☐ SA 6: South  
☐ SA 7: East ☐ SA 8: Harbor

### Section 7. Household Size

(attach additional page if necessary)

☐ 1 person ☐ 2 people ☐ 3 people ☐ 4 people ☐ Other \_\_\_\_\_

If more than one person is checked above, complete the following:

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____
Age: _____	Age: _____	Age: _____

 Signed Authorization to Disclose Client's Protected Health Information attached ☐ Yes ☐ No

This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Codes, Civil Codes and Health Information and Portability Act (HIPPA) Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Representative from Referring Agency \_\_\_\_\_

Date \_\_\_\_\_

Send to: Department of Mental Health Housing Policy &amp; Development Attn: Housing Coordinator 695 S. Vermont Ave, 10th floor Los Angeles, CA 90005 fax (213) 637-2336